

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90152 035 *****55.00

DOCUMENT # L04000025489

1. Entity Name

THE ODAT GROUP, LLC



Principal Place of Business

101 SE 21ST STREET
FORT LAUDERDALE FL 33316

Mailing Address

P.O. BOX 460098
FORT LAUDERDALE FL 33346

2. Principal Place of Business

1029 CORDOVA ROAD

3. Mailing Address

1029 CORDOVA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

20006310



1st MOORE

CR2E083 (10/05)

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

20-0999498

Applied For

Not Applicable

Zip

33316

Country

BROWARD

Zip

33316

Country

BROWARD

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WILLIAM E
1029 CORDOVA ROAD
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HOLTZMAN, KATHRYN
STREET ADDRESS 101 SE 21ST STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

25 JAN 06 954 763 7829